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CENTRAL FAX CENTER**DEC 22 2005****FAX TRANSMISSION****DATE:** December 22, 2005**PTO IDENTIFIER:** Application Number 10/502,414
Patent Number**Inventor:** Berit Johansen**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Robert L. Buchanan**PHONE:** (617) 439-4444**Attorney Dkt. #:** 64490(53585)**PAGES (Including Cover Sheet):** 25**CONTENTS:** Transmittal (1 page)
Revocation of Power of Attorney with New Power of Attorney and
Change of Correspondence Address (1 page)
Statement under 37 CFR 3.73(b) (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 10/502,414

Attorney Docket No.: 64490(53585)

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Transmittal (1 page)

Revocation of Power of Attorney with New Power of Attorney and

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Statement under 37 CFR 3.73(b) (1 page)


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/502,414
	Filing Date	January 11, 2005
	First Named Inventor	Berit Johansen
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	64490371(53585)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP	
Signature		
Printed name	Melissa Hunter-Ensor, Ph.D.	
Date	December 22, 2005	Reg. No. 55,289

621350

PTO/SB/02 (04-05)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/502,414
	Filing Date	January 11, 2005
	First Named Inventor	Berit Johannsen
	Art Unit	1764
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	64490 (53585)

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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
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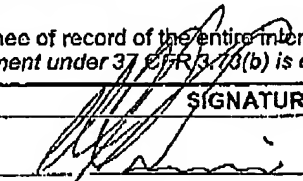
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Peter F. Corless

Address
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I am the:
☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.70(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 
Name
Date Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/8G (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Berit JohansenApplication No./Patent No.: 10/502,414Filed/Issue Date: January 11, 2005Entitled: USE OF POLYUNSATURATED TRIFLUOROMETHYL KETONES FOR THE TREATMENT OF PSORIASISAvexin AS

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

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A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Mikael Ørum

Printed or Typed Name

Chief Executive Officer

Title

Date

Telephone Number